

# 2019 Sponsorship Form



Date: \_\_\_\_\_

Company or Individual: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Street or PO Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## **Tax Deductible Sponsorship:**

- \$1000 Presenting Sponsor
- \$500 Hors d' oeuvres Sponsor
- \$250 Beverage Sponsor
- \$100 Pink Ribbon Sponsor
- \$\_\_\_\_\_ General Donation

Total Amount: \$ \_\_\_\_\_

## **Payment Information:**

- Please invoice me
- Check Enclosed (Payable to Helping Foundation)
- Credit Card     MasterCard     Visa     Discover     American Express

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ CSV Code: \_\_\_\_\_

## **Mail completed form with payment to:**

The Helping Foundation  
PO Box 413  
Wittenberg, WI 54499